

# BALLET ARTS

Dear Dance Instructor,

\_\_\_\_\_ has applied for the 2024-25 Ballet Arts Primary Program. This program is offered to 8–9-year-old dancers interested in becoming future Ballet Arts company members (prospective students are eligible for company membership at age 10). The program is NOT a substitute for the student’s ballet training provided at their dancing school and was created only as a supplement and to provide engagement with Ballet Arts. The student’s active involvement in their regular classes is mandatory.

Please complete the enclosed recommendation form and return to the address below by August 23, 2024. Responses will be kept confidential.

Sincerely,

Ballet Arts, Inc. of Jackson  
314 E Main St  
Jackson, TN 38301  
[balletartsdirectors@gmail.com](mailto:balletartsdirectors@gmail.com)

Student’s Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Teacher's Phone \_\_\_\_\_

How long have you been the student's teacher?

\_\_\_\_\_

How many days per week does the student take class? \_\_\_\_\_ Hours per day? \_\_\_\_\_

Specify the types of dance classes the student takes (ballet, tap, jazz, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are any of these combination classes? Please explain.

\_\_\_\_\_

What method of ballet has the student been trained in (RAD, Vaganova, ABT, etc.)?

\_\_\_\_\_

Does the student maintain consistent class attendance? Yes No If not, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the student have a basic understanding of proper alignment and turnout? Yes No  
If not, give a brief explanation of the student's knowledge on this subject:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the student have a basic understanding of the 5 positions of feet and port de bras?  
Yes No If not, give a brief explanation of the student's knowledge on this subject:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give a brief history of the student's progress under your instruction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the student's strengths?

\_\_\_\_\_

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What are the student's areas for improvement?

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Does the student have physical difficulties?

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What would you like to see your student accomplish at our program?

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Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail or email to:

Ballet Arts, Inc. of Jackson  
Primary Program  
314 E Main St.  
Jackson, TN 38301  
email: balletartsdirectors@gmail.com  
Phone: (731) 394-5680